JUL 1 3 2000

K001906

510(k) Summary – Elecsys® Insulin CalSet

Introduction	According to the requirements of 21 CFR 807.92, the following information provides sufficient detail to understand the basis for a determination of substantial equivalence.
Submitter name, address, contact	Roche Diagnostics Corporation 9115 Hague Rd Indianapolis IN 46250 (317) 576 3723 Contact person: Kay A. Taylor Date prepared: June 20, 2000
Predicate device	Roche Diagnostics Elecsys® Insulin CalSet is substantially equivalent to other devices legally marketed in the United States. We claim equivalence to the currently marketed Roche Diagnostics Elecsys® Estradiol CalSet II.
Device description	Roche Diagnostics Elecsys® Insulin CalSet consists of lyophilized bovine serum with added insulin in two concentration ranges.
Intended use / Indication for use	Roche Diagnostics Elecsys® Insulin CalSet is intended for the calibration of the quantitative insulin assay on the Elecsys ® 1010 and 2010 immunoassay systems.
Substantial equivalence	Elecsys® Insulin CalSet is equivalent to other devices legally marketed in the United States. We claim equivalence to the currently marketed Roche Diagnostics Elecsys® Estradiol CalSet II cleared under document K992981.

510(k) Summary – Elecsys® Insulin CalSet, continued

Substantial equivalence - similarities

The following table compares Elecsys® Insulin CalSet, with the predicate device Elecsys® Estradiol CalSet II.

Characteristic	Elecsys® Insulin CalSet	Elecsys® Estradiol CalSet II
Intended Use	For the calibration of the quantitative insulin assay on the Elecsys 1010 and 2010 immunoassay systems.	For the calibration of the quantitative estradiol assay on the Elecsys 1010 and 2010 immunoassay systems.
Levels	Two levels	Two levels

Substantial equivalence -- differences –

Characteristic	Elecsys® Insulin CalSet	Elecsys® Estradiol CalSet II
Format	Lyophilized	Lyophilized
Matrix	Bovine serum with added insulin	Human serum with added estradiol
Stability	• Unopened Stable at 2-8° C until expiration date • Reconstituted: ✓ -20° - 3 months ✓ On analyzer – 5 hours	• Unopened Stable at 2-8° C until expiration date • Reconstituted: ✓ -20° - 3 months ✓ On analyzer – 3 hours

DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

JUL 1 3 2000

Ms. Kay A. Taylor
Regulatory Affairs, Laboratory Systems
Roche Diagnostics Corporation
9115 Hague Road
P.O. Box 50457
Indianapolis, Indiana

Re: K001906
Trade Name: Elecsys® Insulin CalSet
Regulatory Class: II
Product Code: JIS
Dated: June 20, 2000
Received: June 22, 2000

Dear Ms. Taylor:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Steven Gutman

Steven I. Gutman, M.D., M.B.A.
Director
Division of Clinical Laboratory Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

INDICATIONS FOR USE STATEMENT

510(k) Number (if known): N/A K001906

Device Name: Elecsys® Insulin CalSet

Indications For Use:

For the calibration of the quantitative insulin assay on the Elecsys 1010 and 2010 immunoassay systems.

Jean Cooper

(Division Sign-Off)
Division of Clinical Laboratory Devices
510(k) Number K001906

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-The-Counter Use _____

(Per 21 CFR 801.109)

(Optional Format 1-2-96)